



PW1B: Schedule B
Plumbing, Sprinkler, Standpipe

Must be typewritten.

☒ Orient and affix BIS job number label here ☒

Page 1 of 2

1 Location Information *Required for all applications.*

House No(s) **205** Street Name **CAPODANNO BOULEVARD**

Borough **STATEN ISLAND** Block **3122** Lot **128** BIN **5046028** CB No. **502**

Work on Floor(s) **001**

2 Work Type Information *Required for all applications. Select all that apply.* Filing components/fixtures? ☒ Yes ☐ No

☒ Plumbing - PL	☐ Sprinkler - SP	☐ Standpipe - SD
Cost: \$ 6000	Cost: \$	Cost: \$
Total sprinkler heads in 8B: <u>0</u>	Total sprinkler heads in 8A: <u></u>	To remove violation(s): 1) <u></u>
To remove violation(s): 1) <u></u>	To remove violation(s): 1) <u></u>	To remove violation(s): 1) <u></u>
2) <u></u>	2) <u></u>	2) <u></u>

3 Drainage Information

Storm Drainage Discharges into: *select one.* Sanitary Drainage Discharges into: *select one.*

☐ Storm Sewer ☐ Combined Sewer ☐ Private Disposal ☐ Sanitary Sewer ☐ Combined Sewer ☐ Private Disposal

4 Sewer Work *Select all that apply.*

☐ SD-1, SD-2, SD-3 ☐ Site Connection ☐ Septic Tank

5 Cap / Remove / Replace / Relocate Components *If this section is completed, components are required.*

☒ Cap or Remove <i>Describe all:</i>	☒ Replace or Relocate <i>Describe all:</i>
PL - NONE	PL - NONE

6 Gas and Gas Equipment Data

Gas piping involved? ☐ Yes ☐ No *Describe gas fired equipment:*

REMOVE AND REPLACE GAS METER AND EXTEND GAS PIPE

Total Location(s), floor/apt. - list all that apply:

Meters total: 1 1ST FLOOR

Risers total: 1 1ST FLOOR

Gas Usage: ☒ Heat ☐ Dryer ☐ Water Heater ☐ Tankless Coil

☐ HVAC ☒ Cooking ☐ Fire Place ☐ Boiler Pilot for Oil Burner

☐ Other:

Name (please print)	
JAMES BOULER	
Signature	Date
P.E. / R.A. Seal (apply seal, then sign and date over seal)	

7 Applicant's Statements and Signatures *Required for all applications.*

Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both.

8 Equipment Information *For new work only.*

System (work type)	Components (Piping / Equipment / Fixture)	Floors indicate no. of proposed components and/or "X" for piping															
		1															
8A Sprinkler (SP) <i>Must not be off domestic.</i>	P* Sprinkler Piping - Dry																
	P* Sprinkler Piping - Wet																
	E* Dry Pipe Valve																
	E* Booster Pump - SP																
	F Floor/Riser Control Valve																
	F Siamese FDC																
	F Sprinkler Heads																
8B Sprinkler (PL)**	F Sprinkler Heads over 999																
	F Sprinkler Heads (thirty or less)																
8C Fire Standpipe (SD)	P* Standpipe Piping																
	E* Fire Pump																
	E* Special Service Fire Pump																
	F Floor/Riser Control Valve																
	F Hose Cabinet/Rack/Valve																
8D Water/San. (PL)	F Siamese FDC																
	P* Sanitary Piping (Soil & Venting)	1															
	P* Water Piping	1															
	P Water Service Piping	1															
	E Sewer Ejection Pump																
	F Bathtubs/Whirlpools/Hot Tub/Sauna																
	F Bidet																
	F Chiller/Cooler																
	F Dishwasher																
	F Domestic Water Tank/Pump																
	F Drinking Fountain																
	F Floor Drain																
	F Grease Trap/Oil Separator																
	F Ice Maker																
	F In-sink Garbage Disposal																
	F Lavatory (Common Wash Basin)																
	F Laundry - Standpipe																
	F Pool																
	F RPZ/Backflow Preventer (Primary)																
	F RPZ/Backflow Preventer (Secondary)																
	F Sink - Non Residential																
	F Sink - Residential																
	F Stall Shower																
	F Tankless Coil																
	F Toilet (Water Closet)																
	F Urinal																
	F Washing Machine																
	F Water Heater (Non-Gas)																
8E Storm (PL)	P* Storm Drainage Piping																
	E Sump Pump																
	F Area/Yard Drain																
	F Detention Tank																
	F Dry Well/Retention																
8F Gas (PL)	F Roof Drain																
	P* Gas Piping	1															
	E Emergency Shut-off Valve	1															
	E* Fire Suppression Shut-off Valve																
	E Gas Booster Pump																
	F Cooking Equipment (non-residential)																
	F Cooking Equipment (residential)																
	F Gas Boiler (<350K, non-comm,<6 family)																
	F Gas Burner																
	F Gas Dryer																
	F Gas Furnace																
	F Gas Meter																
8G Medical (PL)	F Gas Water Heater																
	P* Medical Gas Piping																
	E Assorted Medical Equipment																

** Must be off domestic.

* Indicates test **may** be required.**DOB Reference Number: T00001046321-000031****User Ref ID: 004454**

7/08